

AMENDED UNEMPLOYMENT INSURANCE TAX REPORT

Employer Name & Address

Employer Account #

This is to amend the ____ quarter of 19__ unemployment insurance tax report as indicated below:

	As Reported	Net Change-if decrease enclose in brackets	As Corrected
1. Total Gross Wages Paid in Quarter			
2. Wages in excess of \$			
3. Taxable Wages			
4. Tax Due @ %			
5. Total Prior Tax Payments for This Quarter			
6. Credit (if line 5 exceeds line 4)			
7. Additional Tax Due (line 4 minus line 5)			
8. Add late penalty at the greater of 2% of line 7 or \$10 for each month or portion of a month after the due date of the original report.			
9. Total Due			

REASON FOR ADJUSTMENT:

AMENDED EMPLOYEE INFORMATION (If necessary)
Attach additional pages if needed

10. Social Security No.	11. Name of Employee	Total Wages Paid	
		12. As Reported	13. Should Be
14. Totals			
15. Difference (+ or -): Column 13 Total - Column 12 Total			

Signature _____ Title _____ Date _____

Phone # () _____

Please keep a copy for your records

(See back for instructions)